

The University of Texas at Austin



Athletic Training Education Program

Approved Clinical Instructor (ACI) /
Clinical Instructor (CI) Manual

The University of Texas at Austin
Athletic Training Education Program
Approved Clinical Instructor / Clinical Instructor Handbook

Table of Contents

Introduction.....	3
Vision Statement.....	4
Mission Statement.....	4
Program Objectives.....	4
Program History.....	5
Program Information.....	6
Classroom Experience	
Clinical Experience	
ACI & CI Responsibilities.....	13
ATS Responsibilities.....	18
ATS Behaviors and Appearance.....	20
Disciplinary Action / Report of Violations	27
ATS Rights	28
ATEP Grievance Policy	28
Acknowledgement Form	29
Appendix A.....	31

The University of Texas at Austin
Athletic Training Education Program
Approved Clinical Instructor / Clinical Instructor Handbook

Note: Prior to continuing with this handbook, please go to Appendix A for a list of terms and their definitions. These terms will be used throughout this handbook and may be unfamiliar to you.

Introduction

This handbook and the accompanying student handbook are to be used as reference manuals for both approved clinical instructors (ACIs) and clinical instructors (CIs) involved with the Athletic Training Educational Program (ATEP). Both ACIs and CIs are asked to review this manual, keep this manual up to date, and refer to the manual when working with athletic training students (ATs). Both ACIs and CIs are also asked to be familiar with the ATEP student manual. While an effort has been made to include as much pertinent information as possible, it is nearly impossible to address every possible issue, situation, or circumstance that might be encountered. Both ACIs and CIs are expected to use sound reasoning and professional judgment in dealing with situations or issues that are not addressed in this manual. It is the responsibility of the ACI and CI to consult with the ATEP Program Director on any issues in question.

Both CIs and ACIs are crucial components to the ATEP. In particular, ACIs and CIs assist the ATEP in moving towards its vision statement, adhering to its mission statement and fulfilling its program objectives. Please keep this information in mind during your activities as an ACI or CI.

Vision Statement

The University of Texas at Austin's Athletic Training Education Program shall provide a quality education for undergraduate students wishing to enter the athletic training field. The University of Texas at Austin's Athletic Training Education Program shall meet the requirements for CAATE accreditation and shall become a program of recognized excellence.

Mission Statement

The mission of The University of Texas at Austin's Athletic Training Education Program is to provide a quality undergraduate education, by way of a CAATE accredited entry-level program, for students pursuing a career in athletic training. In doing so, we strive to produce well-educated, well-trained, and competent individuals capable of providing effective athletic training services while representing themselves, the Program, the University and the athletic training profession in a positive manner.

Program Objectives

- 1) Obtain and maintain CAATE accreditation as an entry-level athletic training educational program.
- 2) Provide a quality didactic and clinical education to students in the athletic training major.
- 3) Provide an opportunity for undergraduate students to become proficient in the domains of athletic training.
- 4) Provide experiences in the classroom and clinical settings that benefit students upon employment in the athletic training profession.
- 5) Prepare students to successfully challenge examinations for athletic training certification and licensure, including the National Athletic Trainers' Association Board of Certification examination, and the Texas Department of Health's Athletic Trainer Examination.
- 6) Prepare athletic training students for the moral, ethical, and legal obligations required of an athletic trainer.
- 7) Aid graduating students during the process of obtaining employment as an athletic trainer, or continuing with their post-graduate education.

Program History

The UT ATEP was created in 2002 to provide an academic major in athletic training for undergraduate students. Prior to the creation of the ATEP, undergraduate students completed the PACE program (Providing Academic and Clinical Experiences), which was an “internship” program that satisfied the requirements as set forth by the National Athletic Trainers’ Association Board of Certification, Inc. (BOC) for the internship route to certification. However, the BOC terminated the internship route as a valid means for eligibility to sit for the national certification examination, offered by the BOC), in January of 2004.

The ATEP was initially approved for candidacy with the Joint Review Committee on Educational Programs in Athletic Training (JRC-AT) in September 2002. This marked the beginning of the ATEP’s road towards accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The ATEP was awarded CAAHEP accreditation in the spring of 2006. The Committee on Accreditation of Athletic Training Education (CAATE) replaced CAAHEP as the accrediting body in July of 2006.

The University of Texas at Austin has a long history of producing certified and licensed athletic trainers. Graduates of UT’s internship program have been employed in virtually all areas of athletic training and sports medicine. In addition, several Longhorn graduates have continued their education in medical school, physician’s assistant school, and physical therapy school.

Program Information

Overview

The ATEP is designed to encompass four years of undergraduate education. During the four years, students will participate in both didactic (classroom) and clinical (hands-on) educational experiences. Success in both areas is vital to the student's education and professional development as an athletic trainer. Students will learn the theory and techniques of athletic training in both the classroom and laboratory. Students will then take this knowledge and apply it during their clinical rotations while assisting with the provision of athletic health care services to athletes and patients under the supervision of a credentialed professional (ACI or CI). The key concept being that students will not take the place of a credentialed professional by providing health care, but that the students will assist the credentialed professionals during the clinical rotations, while working to improve and perfect their skills and knowledge and learning decision-making skills in a supervised environment.

Classroom Education

See information contained in the Student Manual.

Clinical experience

Clinical experiences / rotations are an integral component of the ATEP curriculum. "Book knowledge", information that the student learns in the classroom or laboratory, is important only if the student can apply that knowledge in a clinical setting. The purpose of the clinical experience portion of the ATEP is to allow the ATS to practice and apply what they learn; that is to take the skills and knowledge from the classroom and use them in a real-world setting under the supervision of a credentialed healthcare provider.

While the purpose of the clinical setting is allow the ATSs to apply what they have learned in the classroom or laboratory, ATSs must NOT take the place of a credentialed professional by providing health care services in an unsupervised manner. The ATSs should use the clinical exposures to improve and perfect their skills and knowledge while learning decision-making skills in a supervised environment. A supervised environment is one in which there is "*constant visual and auditory interaction*" between the student and the clinical supervisor (CI or ACI). Furthermore, ATS are not to perform a skill or task for which they have not received formal instruction and for which they have not proven clinical proficiency and competency. Only after formal instruction and proof of competency and proficiency, may an ATS perform a skill or technique in the clinical setting and always under the supervision of a credentialed professional.

Although ATSs are expected to be supervised in the clinical settings, there are times when direct supervision is not possible (i.e. the supervisor temporarily leaves for a phone call or to use the restroom, etc). When an ATS is not under direct supervision (i.e. they are not under "constant visual and auditory interaction") by a credentialed professional, the ATS will act as a "first aid provider". The role of a first aid provider is to provide first aid or emergency treatment to injured athletes or patients. Unsupervised ATS / "first aid providers" may perform the following duties:

1. evaluation of injuries and illnesses to determine the need for EMS or immediate referral
 - a. first aid providers may not make decisions of whether or not an athlete may return to activity other than removing an athlete from activity for immediate referral or emergency medical care
 - b. in the event a first aid provider evaluates an athlete with an injury or illness that does not require (a) activation of EMS, (b) immediate referral, or (c) the provision of emergency first aid; the first aid provider is to immediately contact the appropriate supervisor or credentialed professional, according to the clinical site's policies and procedures to inform him or her that there is an athlete with a non-emergent injury or illness. The first aid provider is NOT to render a decision as to whether or not the athlete may return to play, nor is the first aid provider to perform any other evaluations or treatments.
 - c. in the event a first aid provider evaluates an athlete with an injury or illness that requires (a) activation of EMS, (b) immediate referral, or (c) the provision of emergency first aid; the first aid provider will activate the Emergency Action Plan (EAP) according to that site's policies and procedures. After taking the appropriate actions, the first aid provider will notify the appropriate supervisor according to the site's policies and procedures and document the incident on the appropriate forms.
2. provide ice, compression, and elevation
 - a. in the event a first aid provider provides ice, compression, and or elevation, the first aid provider will notify the appropriate supervisor according to the site's policies and procedures and document the incident on the appropriate forms.

3. splint, immobilize, or provide support to an injury
 - a. in the event a first aid provider splints, immobilizes, or provides support to an injury, the first aid provider will notify the appropriate supervisor according to the site's policies and procedures and document the incident on the appropriate forms.
4. activate EMS
 - a. in the event a first aid provider activates EMS, the first aid provider will notify the appropriate supervisor according to the site's policies and procedures and document the incident on the appropriate forms.
5. perform CPR, rescue breathing, and / or AED procedures
 - a. in the event a first aid provider performs CPR, rescue breathing and / or AED procedures, the first aid provider will notify the appropriate supervisor according to the site's policies and procedures and document the incident on the appropriate forms.
6. provide first aid care for "medical emergencies"
 - a. in the event a first aid provider provides first aid, the first aid provider will notify the appropriate supervisor according to the site's policies and procedures and document the incident on the appropriate forms.

Unsupervised students / first aid providers may NOT provide "athletic training services". Activities which are NOT to be performed by an unsupervised student include:

1. providing treatments for injuries other than the activities listed above
2. providing or supervising rehabilitation procedures
3. making decisions about the disposition of an injured or ill athlete other than the activities listed above

Students have been instructed to notify the Program Director immediately if they feel that they are inadequately supervised in their clinical setting.

Students may not travel with a team, in the capacity of an ATS, unless a credentialed professional also accompanies the team and will supervise the ATS as an ACI or CI.

The opportunity for proving competence and proficiency is the second component to the ATS clinical experience. Clinical experiences are associated with the course requirements for KIN 127L – Fieldwork. Successful completion of the Fieldwork course requirements includes the completion of clinical assignments and the completion of a prescribed set of competencies and proficiencies specific to the ATS level. Specific details on the KIN 127L – Fieldwork course can be found in the course syllabi. The set of proficiencies will be based on the student’s coursework from the previous semester. The student will be evaluated on his / her ability to integrate the clinical proficiencies into the clinical setting. The student will receive formal instruction in the classroom, laboratory, or via in-service training sessions. The student then has the remainder of that semester to practice the skills or techniques until he / she feels that he / she is competent and proficient. When the student feels that he / she is competent and proficient in the skill set, the ATS will meet with an Approved Clinical Instructor (ACI) to prove his / her competence and proficiency. If the ACI believes the ATS has proven competency and proficiency in the task, the ACI will acknowledge this via his / her signature on the ATS Competency and Proficiency “sign-off” sheet. Upon this approval, the ATS may perform the skill or task in the properly supervised clinical setting.

ATSs are not to perform a skill or task for which they have not received formal instruction and for which they have not proven clinical proficiency and competency. Only after formal instruction and proof of competency and proficiency, may an ATSs perform a skill or technique in the clinical setting. However, ACIs and CIs are encouraged to take advantage of “teachable moments”. The teachable moment concept is when an ACI or CI takes advantage of an opportunity to educate an ATS even though the student may not have received formal instruction and / or evaluation of the task at hand. As an example, the ATS at your site has not taken the Clinical Evaluation course and therefore has not learned how to perform a Lachman, but an athlete suffers a torn ACL and has a positive Lachman test, even though the student has not learned the skill and has not proven their competence and proficiency in the skill, you would be expected to demonstrate, discuss, and if the athlete agrees, allow the ATS to perform a Lachman under your immediate supervision. These actions would allow the student to benefit from a “teachable moment” that he or she may not be able to experience at another time. However, this would not mean that the ATS could then perform evaluations of the knee from that point out, because he or she would not have received formal instruction or proficiency evaluation on that topic.

Students will participate in clinical rotations for every semester in which the ATS is enrolled, in good standing, in the ATEP. Clinical rotations may require morning, afternoon, evening, and / or weekend time commitments on the part of the ATS. Some clinical rotations may also request the ATS attendance over holiday and

semester breaks; however, students are not obligated to participate in clinical rotations when school is not in session. Many clinical rotations offer the ATS an opportunity to travel with teams to away contests. Traveling with a team is a reward that must be earned – it is not a right – and is not guaranteed. The ACI / CI will determine whether or not the ATS will travel with a team.

As a general rule, students are not to miss classes, lab sessions, or educational meetings to fulfill their clinical assignments. However, occasionally opportunities related to the clinical rotations will arise that would be of benefit to the students' professional education. These opportunities may include surgery observations, traveling with teams, attending competitions, observing an examination or therapy session, observing consultants and specialists, attending conferences and meetings, etc. It is up to the student to determine if the experience is worth missing a class, lab, or educational meeting. If the student decides to miss a class, lab, or educational meeting to take advantage of an outside opportunity, he / she is responsible for making up all missed coursework. Students should ask for the instructor's permission prior to missing any classes, labs, or educational meetings.

- ☞ Students should not be pressured into missing classes, lab sessions, or educational meetings or clinical assignments or additional clinical experiences. In the event that a student feels that he / she is being pressured by an ACI or CI, the student is expected to report the incident to the program director immediately.

While it is impractical to place an arbitrary number on the amount of hours needed for students to obtain a beneficial clinical experience; students are not to be used as laborers or in place of credentialed staff and, therefore, should not be required or pressured into reporting for an extraordinary number of clinical hours. Although students are not “employed” during the clinical rotation hours, the University's policy on student employment is a good rule to follow. The policy states:

“an undergraduate student's combined University employment and semester-hour course load may not exceed forty hours a week in any semester or summer term.”

This policy is in line with the CAATE suggestions that students limit their clinical hours to approximately 20 hours per week. This is not to say that students should “clock out” at the 20 hour mark. It is up to the student and his or her supervisor to determine a sufficient number of hours that lead to a beneficial experience, however, the emphasis needs to be placed on the quality of the education associated with the hours and not on quantity of work to be done.

- ☞ In the event a student feels that he or she is being pressured by an ACI or CI to report for an extraordinary number of clinical hours, the student is expected to report the incident to the program director immediately.

While the BOC guidelines no longer require students to track clinical hours in order to sit for the BOC examination, students must submit documentation of clinical hours to sit for the Texas Department of State Health Services' Athletic Training Licensure examination. It is the student's responsibility to document these hours, obtain a supervisor's signature acknowledging those hours, and keep track of the documents. Students are encouraged to visit the Texas Department of State Health Services' website (<http://www.tdh.state.tx.us/hcqs/plc/at.htm>) for detailed information on the requirements to sit for the athletic training licensure examination.

The overall clinical progression places students in an environment in which they can work to improve and incorporate the knowledge and skills learned during the previous semester. The clinical progression plan has first year students rotating through four clinical assignments, two during the fall semester and two during the spring semester, with various approved clinical instructors (ACI's) and / or clinical instructors (CI's). The students spend approximately seven to eight weeks with each clinical assignment. The primary focus for the students' first fall semester is the application of the knowledge and skills that the students were exposed to in KIN 219K Introduction to Athletic Training, CC 306M – Medical Terminology, KIN 312K – Care & Prevention of Athletic Injuries and BIO 309D – The Human Body. The students are also responsible for the completion of the level 1A clinical proficiencies. The focus for the first year students' spring semester is application of the knowledge and skills acquired in KIN 352K – Therapeutic Modalities and KIN 324K – Applied Human Anatomy as well as completing the clinical proficiencies associated with Level 1B.

Second year students will spend one semester with an ACI / CI involved with an equipment intensive sport (football) and one semester at an off-campus affiliated site. The focus of the fall semester is on the application of the knowledge and skills developed in the two KIN 352K – Clinical Evaluation of Athletic Injuries courses as well as completion of the Level 2A clinical proficiencies. The spring semester focuses on the application of the knowledge and skills developed in KIN 352K – Advanced Athletic Training: Therapeutic Exercise and Rehabilitation, KIN 119 Conditioning and KIN 325K- Physiology of Exercise, as well as the completion of the level 2B clinical proficiencies.

Third year students will be assigned to an ACI / CI that works with a sport that the student needs to experience in order to fulfill the clinical assignment requirements (i.e. upper body dominant sport, lower body dominant sport, opposite sex team, etc.). Students may be assigned to the same ACI / CI for one or two semesters. The focus for the fall semester is completion of the Level 3A clinical proficiencies as well as the application of the skills and knowledge acquired in KIN 352K- Topics in Athletic Training. The spring semester's primary focus is on the completion of the skills and knowledge acquired in KIN 352K – Athletic Training Program Administration and KIN 352K – Sports Nutrition.

Students are exposed to various medical and allied medical professionals as well as general medical issues throughout their clinical assignments by interacting with team physicians and various consultants both inside and outside of the athletic training room. Specifically, students that are in the spring semester of their second year will be enrolled in KIN 352K – Topics in Athletic Training. During this semester and the following fall semester, students will participate in general medical rotations by assisting with the physician’s clinic in the athletic training room as well as at an off-campus physician’s clinic. The general medical rotations are completed in addition to the students’ other clinical assignments within the athletic training room.

The responsibilities of an ACI and CI are as follows:

ACI responsibilities:

1. provide formal (and informal) instruction and evaluation of clinical competencies and proficiencies in the classroom, laboratory, and / or in clinical education experiences through direct supervision of ATS.
 - a. The majority of the formal classroom instruction will be performed by the ATEP faculty. Occasionally non-faculty ACI's will be asked to assist in the classroom or laboratory presentations and tests. Doing so is optional.
 - b. Non-faculty ACI's are expected to serve as an adjunct to the ATS's classroom education by expanding on the concepts that are taught, allowing the ATS to practice the skills and techniques, and applying their knowledge in the clinical setting.
 - c. ACI's are responsible for the final evaluation of clinical proficiencies. The ATS will perform the proficiency in the presence of the ACI through a one on one meeting with direct supervision. While only one ATS may be evaluated at a time, other ATS may be present, especially if there is a real injury situation, but they may not assist the ATS being evaluated. This aids the other ATS in their education and experience. As often as possible the proficiency assessment should be done on real patients, however, it is difficult to estimate what type of injuries will occur and when, so most of the time, the proficiencies will be done in a mock situation that is directed by the ACI. If an ATS has been evaluated in a mock setting and a real injury occurs sometime later, it would be prudent to challenge the ATS again using the real injury. Proficiency assessments can occur at any time in the clinical experience, however, ATS have been told to provide prior notification to the ACI so that the ACI can be sure they have the available time without interruption. A second option for ATS is to sign up for a "proficiency office hour" with on-campus ACI's. Each on-campus ACI is asked to reserve one to two hours per week for "office hours" when they will be able to work with ATS on their proficiencies. A sign-up sheet is located in the main athletic training room. Students will sign up for times to meet with an ACI to have proficiencies evaluated. The majority of the prearranged times will necessitate that the ACI create a scenario for the ATS. For example, if the ATS is to complete the knee evaluation competency, the ACI should act as the patient. The ACI would give answers to the ATS questions, respond as to whether or not

there are clinical signs and symptoms present, inform the ATS of when a special or stress test is positive, etc. This ensures that the ATS does not just memorize an entire examination; they will need to know which tests to perform and how to interpret the findings to arrive at an assessment. The same principle should be applied to the other proficiencies as well. Overall, the evaluations should determine whether or not the ATS is becoming competent, proficient, and efficient in their clinical skills. The ATS needs to apply these skills in the clinical setting, not just memorize what to do for the tests.

2. Teach, evaluate, and supervise ATS in their clinical education experiences and / or fieldwork experiences.
 - a. The concepts from item 1 above are applicable here also. The difference being that the ACI will teach, evaluate, and supervise the ATS in their fieldwork in a more informal manner (i.e. not instructing or evaluating specific proficiencies for formal evaluation)
3. Provide formal evaluation of the ATS's clinical performance to the Program Director in a timely fashion.
 - a. Each ACI will be asked to complete a mid-semester and end of the semester evaluation on each of the ATS that have been assigned to him or her.
 - b. Specific due dates will be announced each semester via e-mail notices.
 - c. The clinical performance evaluations vary depending on the student's level in the ATEP. These forms are found on the ATEP website.
 - d. In addition to the formal evaluations, ACI's are expected to provide continuous informal feedback to the ATS. Errors or inappropriate actions should be addressed immediately. ACI's should also attempt to praise good behaviors, so as not to appear to concentrate on the negatives.

CI responsibilities:

1. Teach, evaluate, and supervise ATS in their fieldwork experiences. Clinical instructors are not responsible for the formal evaluation of ATSS' integration of clinical proficiencies.
 - a. CIs are expected to serve as adjuncts to the ACI's. The CI's are also responsible for teaching and evaluating the competencies and proficiencies in the clinical setting. The main difference being that a CI can not provide final, formal evaluation of the clinical proficiencies. The CI primarily acts as a professional role model and supervisor in the clinical setting.

Responsibilities of both ACI and CI

1. abide by the clinical site's policies and procedures manual
2. abide by the ATEP policies and procedures manual
3. provide appropriate supervision of ATS during their clinical education experiences and / or fieldwork experiences
 - a. ATS must be supervised at all times
 - b. Direct supervision is required for all clinical proficiency evaluations
 - c. When not evaluating as ATS on their proficiency performance, supervision is still required. The ACI or CI must be physically present in order to intervene if necessary.
 - d. Students must be prohibited from performing a skill or task for which they have not received formal instruction and assessment via a one on one clinical proficiency evaluation with an ACI.
4. inform the Program Director of any questions or concerns regarding the ATS, clinical rotations or clinical site
5. inform the ATS and Program Director of any violations of local laws, state laws, federal laws, policies and procedures of the clinical site and / or the ATEP, and / or the NATA's Code of Ethics committed by the ATS.
 - a. Violations should be documented on the ATEP violation report
 - b. The ACI / CI should review the violation report with the ATS and have the ATS sign the form
 - c. The form should be sent to the Program Director
 - d. In the event that there is a major violation, the ACI / CI is expected to contact the Program Director by phone at the earliest opportunity
6. provide a conducive learning environment, for the ATS, that is void of personal danger, harassment of any kind, and illegal or unethical activities.
 - a. Clinical instructors must remember that ATS are students first and foremost. They are here to learn.
 - b. Clinical instructors are expected to address any concerns that an ATS may have regarding personal dangers, harassment, and illegal or unethical activities.
 - c. Students may be exposed to inclement weather conditions during their participation in clinical rotations. Students are expected to fulfill their clinical rotation assignments, even when the weather is less than desired. However, if a student feels that his / her health and / or safety is or will be compromised due to inclement weather, s/he should relay this concern to the clinical instructor / supervisor and take the appropriate actions to remove themselves from the

environment. The following policies should be followed when dealing with inclement weather.

1. Lightning: each clinical site should have a lightning policy in effect. Students are expected to follow the clinical site's lightning policy. However, in the event that a student feels unsafe due to lightning and the activity has not been suspended, s/he will notify the clinical instructor / supervisor that they feel unsafe and will be taking shelter. The student will then proceed to take shelter based on the lightning policy or commonly accepted guidelines. ACIs and CIs are urged to read the following article on lightening safety <http://www.nata.org/publicinformation/files/lightning.pdf>
2. Excessive Heat or Cold: although students are responsible for taking precautions against environmental illnesses related to heat and cold, the ACI / CI is expected to assist the ATS. Information on heat related illnesses can be found at <http://www.nata.org/publicinformation/files/exertionalheatillness.pdf> Students and ACIs/ CIs alike are expected to follow the precautions and guidelines listed in the above article. If a student feels that s/he is suffering from a heat-related illness, they will notify their clinical instructor / supervisor and take the appropriate actions to treat the condition. Considering the weather patterns of central Texas, students will rarely be exposed to excessive cold during their clinical rotations. However, if a student feels that s/he is suffering from a cold-related illness, they should notify their clinical instructor / supervisor of their concern and take the appropriate actions to treat the condition
7. provide the ATS with ongoing feedback that is: objective, non-confrontational, truthful, unbiased, and tactful
8. act as a professional mentor for the ATS
9. provide an orientation meeting for the ATS within the first week of the student's rotation
10. communicate expectations, clinical objectives, policies and procedures, concerns, and questions in an effective, appropriate and professional manner
 - a. an orientation meeting should be held to discuss these issues within the first week of the ATS's rotation.
 - b. on-going feedback is also expected.

11. complete and submit appropriate paperwork in a timely manner
12. maintain the appropriate professional credentials (certification, licensure, etc.)
13. provide details regarding the clinical sites infectious disease policy.
 - a. Students are required to attend an annual in-service on blood-borne pathogens and infectious disease control. The in-service covers general principles of infectious disease control as well as specific UT policies on the topic. Clinical supervisors should ensure that students are familiar with their clinical site's policies and procedures on blood-borne pathogens and infectious disease control, as the policies and procedures may differ between clinical sites. The University's Infectious Disease "Exposure Control Plan" can be found on the website www.utexas.edu/safety/ehs/lab/biological/index.html. Additional information on these topics can be found in the *Division of Athletic Training / Sports Medicine Manual of Policies and Procedures* and is pertinent to those students involved in clinical rotations with UT Athletics.

Athletic Training Student Responsibilities

While participating in the clinical experiences or rotations, students are responsible for the following:

1. abiding by the clinical site's policies and procedures manual
2. abiding by the ATEP policies and procedures manual
3. reporting for all assigned clinical sessions including, but not limited to, practice sessions, competitions, treatment sessions, rehabilitation sessions, training sessions, meetings, in-services, and appointments.
4. completing all coursework, assignments, and competencies and proficiencies associated with KIN 127L – Fieldwork.
5. providing or obtaining transportation to and from the clinical sites and paying for all associated costs (i.e. fuel, parking, permits, etc.). This includes, but is not limited to, the expenses associated with fuel and parking. The ATEP is not responsible for costs or damages incurred while traveling to or from the clinical sites.
6. obtaining the uniform or type of clothing deemed appropriate for the clinical site (see specific policy on attire later in this section)
7. securing student liability insurance that covers the student during their involvement with the clinical site
8. maintaining current CPR and AED certification
9. informing the clinical site supervisor AND Program Director of any questions or concerns regarding the clinical rotations or clinical site
10. informing the clinical site supervisor AND Program Director of any violations of local laws, state laws, federal laws, policies and procedures of the clinical site and / or the ATEP, and / or the NATA's Code of Ethics
11. informing the program director and clinical instructor / supervisor if his / her health status changes.
 - a. Specifically, students are asked to report injuries or illnesses that would prevent his / her ability to continue meeting the ATEP's Technical Standards. Also, students are expected to notify the program director and clinical instructor if s/he develops a communicable disease or illness that could be contracted by a patient or athlete that the student is in contact with. Examples are contagious skin rashes; contagious infections of the skin, superficial soft-tissue, upper respiratory tract, and lower respiratory tract; tuberculosis; gastro-intestinal viruses; influenza, and the like. If the clinical

supervisor / instructor and /or program director deem the student's condition presents a risk for others in the clinical setting, the student will be prevented from participating in the clinical rotation until the student provides documentation from a physician (M.D. or D.O.) stating that the student does not pose a health risk for others in the clinical setting. The purpose of this is not to alienate the infected student, but to ensure pre-cautions are taken to prevent transmission of the condition to athletes / patients and others at the clinical site. Costs associated with the evaluation and / or treatment of such conditions will be the responsibility of the student.

- b. In the event that an ATS acquires an injury or illness that s/he believes is directly related to their involvement at an affiliated clinical rotation site, the student is required to report the injury or illness to the clinical supervisor / instructor and program directory immediately. The clinical supervisor / instructor and the program director will then determine a course of action.

ATS Professional Appearance & Behavior

The following guidelines have been developed to aid the student in determining proper appearance and behaviors.

Appearance

Proper grooming and personal hygiene are important characteristics for professionals and students alike. Students are expected to maintain a neat and well groomed appearance during all activities associated with the ATEP. While compliance with this request is subjective and there is room for individualism, extremes in appearance should be avoided. A student's appearance must not distract from the professional image they are trying to promote, nor can it attract undue attention from those around. Students should keep these requests in mind:

1. Breath should be fresh
2. Body odors should be pleasant with fragrances kept to a minimum
3. Facial hair, if kept, should be neatly trimmed and non-distracting to patients.
4. Jewelry should be kept to a minimum.
 - a. Excessive jewelry can be a distraction and in some instances may hinder the student's ability to render care (ex: rings may tear protective gloves when treating wounds; long bracelets or necklaces may get entangled in modality or rehabilitation equipment, etc.)
 - b. Neither the ATEP nor the clinical site will assume responsibility for any jewelry that is damaged or stolen during the student's clinical rotations
5. Requirements for appropriate uniforms and clothing vary slightly depending on the clinical site. However, **the information provided in this section is to be followed unless the site supervisor specifies alternatives.** Students not following the clothing / uniform guidelines will be sent home from the clinical rotation. Repeated violations of the guidelines will result in suspension from the ATEP for a period of time to be determined by the Program Director. Students should contact the Program Director or site supervisor with any questions regarding appropriate and inappropriate attire before reporting in questionable clothing.
6. Students will be provided with a t-shirt or collared shirt to be worn during on-campus rotations. Some on-campus rotations may also supply shorts, pants, sweat suits, outdoor gear and shoes; however, there is no guarantee that the ATS will receive these additional

items. Often, clothing and / or gear (i.e. raingear, travel suits, cold-weather gear, etc) is “loaned” to the student for use during the clinical rotation or under specific conditions. If the ATS does not return loaned clothing / gear they will be suspended from the ATEP until the item is returned. If a student loses an item, they will be required to reimburse the clinical site for the cost of the item in order for the suspension to be lifted. If the clinical site issues clothing / gear to an ATS, the student is expected to wear that clothing / gear during and only during his / her participation in the clinical rotation. If the ATS does not receive shorts, pants or shoes, the ATS will be responsible for purchasing those items – sweat suits and outdoor gear are optional purchases depending on the environmental factors of the clinical site.

7. Unless the site supervisor specifies a different dress code, the items below are acceptable components of the uniform for **on-campus** clinical rotations. Students should note the guidelines listed under each item. Students should also note that all clothing is expected to be clean, wrinkle free, and void of holes or frayed edges.
 - a. White and burnt orange t-shirts and collared shirts.
 1. If a logo is visible it should be a NIKE or UT logo.
 2. Shirts should not have a low cutting v-neck.
 3. Shirts must have sleeves.
 4. Shirts should be tucked in.
 - b. Black, orange, or khaki / tan nylon “wind-breaker” type shorts and pants.
 1. If a logo is visible it should be a NIKE or UT logo.
 2. Shorts must be at least mid-thigh in length.
 3. Shorts and pants should be worn no lower than waist high.
 - c. Khaki / tan “Docker” type shorts and pants.
 1. Shorts must be at least mid-thigh in length.
 2. Shorts and pants should be worn with a belt.
 3. Shorts and pants should be worn no lower than waist high.
 4. Excessively tight or baggy shorts or pants are inappropriate.
 5. “Bell-bottom” or “flared” pants are inappropriate.
 6. Jeans are inappropriate.
 - d. White, black, grey and burnt orange sweatshirts and sweatpants.
 1. If a logo is visible it should be a NIKE or UT logo.
 2. White, black and burnt orange sweaters and jackets.

3. If a logo is visible it should be a NIKE or UT logo.
 - e. “Tennis” shoes or athletic-type shoes.
 1. The preferred brand is NIKE.
 2. Sandals, including “flip-flops” and “slides” are inappropriate.
 - f. White, burnt orange, or black baseball-style hats.
 1. If a logo is visible it should be a NIKE or UT logo.
 2. Hats are not to be worn indoors.
 3. Hats are to be worn evenly on the head with the bill facing forward
 - g. White, burnt orange, or black stocking caps or ear warmers.
 1. If a logo is visible it should be a NIKE or UT log.
 2. Stocking caps and ear warmers are not to be worn indoors.
8. Students participating in an **off-campus** clinical rotation should consult with the site’s supervisor for details on appropriate clothing and uniforms prior to their first day at that site. Students are responsible for the costs associated with the clothing / uniform if the items are not provided by the site. If the clinical supervisor does not require a specific uniform, students should follow the on-campus uniform guidelines.

Behavior

Clinical sites may have specific policies regarding the expected behaviors for ATS. If these policies differ from the policies listed below, the ATS should follow the policies of the clinical site. The following guidelines cover specific areas of concern regarding professional behaviors; however it is not an all-inclusive list. Therefore, student’s behaviors and actions will be evaluated for their appropriateness as warranted.

Inappropriate actions include but are not limited to: (a) breach of patient confidentiality; (b) harassment or discrimination in any form (c) absenteeism and /or tardiness; (d) unsafe clinical practice, including omission, commission, negligence, and malpractice; (e) neglect of clinical responsibilities (f) inappropriate interaction with patients, coaches, administrators, and medical staff and faculty members (includes staff athletic trainers, educational faculty members, physicians and other medical professionals) etc. (g) or any other action that the supervisor deems unsafe or inappropriate.

1. Compliance with patient confidentiality is mandatory. Students are **NOT** to discuss patient information with anyone (including coaches, other patients, administrators, press/ media, fans, scouts, friends, family, etc.) other than the healthcare providers that are directly

involved with that patient's care. Strict compliance with the Healthcare Information Privacy and Portability Act (HIPPA) is mandatory. Students should keep in mind the old adage "what you hear and see here, stays here". If a student is approached by someone requesting information on an athlete, the student is to follow these steps:

- a. Remain polite
 - b. Inform the person that you are legally prohibited from sharing any medical information on the athlete
 - c. Refer the person to your clinical supervisor
 - d. Follow up with the clinical supervisor to inform him or her that the person asked you for information and that you did not provide the person with any information
2. Harassment and / or discrimination, of any kind, will not be tolerated. This includes actions against peers, athletes, patients, staff, administrators, etc. Types of harassment and discrimination include, but are not limited to, inappropriate actions or comments based on the patient's sex / gender, sexual preference, race / ethnicity, religion, and the patient's sport or status.
 3. Absenteeism and tardiness will not be tolerated. This includes punctuality and attendance for classes, in-services, clinical rotations, meetings, and appointments. Students must notify the appropriate supervisor or instructor of any absences and tardiness. This should be in a timely manner, preferably prior to their occurrence.
 4. The clinical supervisor is responsible for ensuring the safety of patients at their site, especially those under the supervised care of an ATS. Students are not to perform any procedures or render any care for which they have not proven competence and proficiency. Nor are students to provide any services without supervision. Clinical supervisors are to immediately intervene in any situation in which the student is demonstrating unsafe clinical practice.
 5. The student's clinical responsibilities vary with the clinical site and level of the student. Students are required to meet with the clinical supervisor to discuss their specific responsibilities no later than the first day of the clinical rotation.
 6. Inappropriate interactions with patients, coaches, administrators, fellow ATS, staff, etc. can take many forms. The following guidelines help to identify appropriate and inappropriate interactions and offer some guidance as to working relationships, however, the information is not all-inclusive:

- a. While development of a good rapport and relationship with patients is conducive to a good working and learning environment, students must be sure to keep the rapport and relationship at a professional level. Patient /athlete interaction must be professional at all times so as not to undermine the patient's confidence in the student or the staff. Students are expected to report any problems or concerns with patients / athletes, especially those of a hostile nature, to their clinical supervisor AND Program Director immediately.

Students should be especially mindful of their social interactions with patients / athletes. Social and romantic relationships are highly discouraged. In the event that a relationship develops, the ATS must notify the clinical supervisor and Program Director of the relationship as soon as the relationship begins. This is to avoid a potential conflict of interest or distraction in the clinical environment. Students will be immediately removed from the clinical site if they develop an unprofessional relationship with a patient / athlete at that site.

- b. The athletic trainer – coach relationship necessitates a daily interaction with the coaches. A professional relationship with the coaching staff is very important to an athletic trainer. Students should pay particular attention to the interaction between the clinical site's medical staff and the coaching staff. Their interaction can provide cues as to the environment; some relationships are congenial while others are not. Usually the clinical supervisor will have the most interaction with the coaches including informing the coach of the status of injured players. However, there may be an occasion where the ATS will be put in this role. Students are expected to maintain a professional interaction with the coaches and act according to the guidelines set forth by the clinical supervisor. Details on how and when to address coaches, how to respond to questions from coaches, and how to handle potential conflicts should be addressed with the clinical supervisor early in the rotation. At no time should a student criticize or question a coach on issues related to the coaching of the team. Students are expected to report any problems or concerns with a coach, especially those of a hostile nature, to their clinical supervisor AND Program Director immediately.
- c. Students will typically have very limited interaction with administrators. However, in the event that a student does have an opportunity to interact with an administrator the interaction

must be of a professional nature. Students are to be cordial and are to address the administrator as Mr. or Ms. and /or sir or ma'am. Often times an administrator will ask questions about an athlete's injury or status, the student is required to refer the administrator to the appropriate clinical supervisor.

- d. Professional relationships between students are a very important aspect of the ATEP and the clinical rotations. Students will interact with one another on an almost daily basis. These interactions are expected to remain professional regardless of personal likes or dislikes of one another. Romantic relationships between students are discouraged because of the potential for breakups which can cause conflict in the clinical setting. Students, as young adults, are expected to be able to work out problems between themselves. The clinical supervisors and Program Director are available for consultation and will intervene as needed, but learning how to work with others and resolve conflicts is a very important aspect of ones' education.
- e. Students at various levels in the program may be at the same rotation site at the same time. The relationship between "older" students or upperclassmen and "younger" students or underclassmen is to remain professional. While upperclassmen will assist in the education and professional preparation of underclassmen and often times will help direct underclassmen in their clinical responsibilities, it is important that upperclassmen do not abuse their position by bossing around younger students. It is usually best to lead by example. Open criticism of fellow students, regardless of class standing, will not be tolerated. With this being said, underclassmen should recognize that upper-classmen typically know what needs to be done in the clinical setting. Underclassmen should accept the direction and criticism from upper-classmen in a positive light. However, students should inform a clinical supervisor or the Program Director if they feel that they are being mistreated by another student.
- f. Perhaps the most important relationship a student will have is with the clinical staff and program faculty. While the staff and faculty typically attempt to keep the classroom and clinical environments somewhat relaxed, it is important that students do not become too relaxed or unprofessional. Students are to maintain a professional approach to their interactions with the staff and faculty. It is important to remember that the staff and faculty are not student's peers. Students are to show the staff

and faculty an appropriate amount of respect, regardless of personal likes or dislikes. Students must not criticize or openly disagree with a staff or faculty member's decision or action, particularly when it concerns the care of a patient / athlete. If the student has a question about a decision or action, they should approach the staff or faculty member in a respectful manner, away from others, to ask their question or voice their concern.

It is the responsibility of the staff and faculty to prepare the students to be a successful professional. This often requires frank criticism and guidance from the staff and faculty. As up and coming professionals, students must learn the criticism is a part of the professional world and it should not be taken as a personal attack. However, if a student feels that they are being mistreated by a staff or faculty member they are expected to bring their concerns to the attention of the offending staff or faculty member. If the student brings their concerns to the staff or faculty member's attention and the problems persist, the student is expected to inform the Program Director of their concerns.

The above information regarding interactions with clinical staff and faculty members also pertains to interactions with other medical and allied medical professionals.

Disciplinary Actions / Reporting Violations

Clinical supervisors may remove a student from the clinical rotation, at any time, if the supervisor feels that the student has (a) behaved in an inappropriate manner; (b) placed a patient in a potentially harmful situation as a result of the ATS unsafe clinical practice; (c) violated the site's guidelines (d) violated the guidelines included in this handbook; or (e) violated the guidelines included in the ATEP ATS handbook

It is the clinical supervisor's responsibility to inform the Program Director of any instances in which the student violates the guidelines on appropriate behavior and / or is asked to leave a clinical rotation for inappropriate behavior. If a violation of guidelines occurs, the clinical supervisor is to contact the Program Director as soon as possible after the occurrence. Also, the clinical supervisor is to complete and submit a *Report of Violation of Clinical Guidelines and Rules* form to the Program Director. The offending student will be required to meet with the Program Director to discuss the situation before the student will be allowed to return to the clinical setting. Students may or may not be reinstated to the clinical rotation depending on the severity of the violation. This determination will be made by the Program Director and the clinical site supervisor. Students that are removed from the clinical rotation will NOT be reassigned to another clinical site until the next rotation period. Students may be permanently prevented from participating in future clinical rotations if the violation is deemed serious and / or the student demonstrates recurring inappropriate behaviors. Behaviors that violate University guidelines or state, local, or federal laws will be reported to the appropriate authorities.

Student Rights

See information contained in the Student Manual.

ATEP Grievance Policy:

Students with a grievance concerning the clinical rotation portion of the ATEP should address the issue(s) with their clinical instructor / supervisor, as appropriate, AND the Program Director. The ATEP Director will take one of the following actions (a) take action on the grievance (b) refer the matter to the ATEP Grievance Committee, which is composed of the ATEP Director and the Co-Director's of the Division of Athletic Training and Sports Medicine or (c) refer the matter to the appropriate administrators or authorities.

**The University of Texas at Austin
Athletic Training Education Program
Approved Clinical Instructor / Clinical Instructor
Acknowledgement of Policies and Procedures**

By signing below, you certify that you:

1. have read and fully understand the information provided in this packet.
2. recognize that the policies and procedures found in this packet are not all-inclusive and that your actions will be evaluated for their appropriateness as warranted.
3. agree to follow the policies, procedures, and guidelines included in this packet as well as all addendums to follow.
4. understand that failure to comply with the policies and procedures found in this handbook, and / or subsequent additions may result in you being removed as a clinical instructor or approved clinical instructor with the ATEP.
5. understand that violations may be reported to the appropriate administrators and / or legal authorities if deemed necessary.

Print Name

Signature

Date

Keep this copy for your records

**The University of Texas at Austin
Athletic Training Education Program
Approved Clinical Instructor / Clinical Instructor
Acknowledgement of Policies and Procedures**

By signing below, you certify that you:

1. have read and fully understand the information provided in this packet.
2. recognize that the policies and procedures found in this packet are not all-inclusive and that your actions will be evaluated for their appropriateness as warranted.
3. agree to follow the policies, procedures, and guidelines included in this packet as well as all addendums to follow.
4. understand that failure to comply with the policies and procedures found in this handbook, and / or subsequent additions may result in you being removed as a clinical instructor or approved clinical instructor with the ATEP.
5. understand that violations may be reported to the appropriate University administrators and / or legal authorities if deemed necessary.

Print Name

Signature

Date

Sign and return this page to the ATEP Director

Appendix A

ABBREVIATIONS

ACI: Approved Clinical Instructor
CI: Clinical Instructor
CIE: Clinical Instructor Educator
ATS: Athletic Training Student

DEFINITIONS

Clinical Instructor Educator

A Clinical Instructor Educator (CIE) is a Board of Certification, Inc. (BOC) Certified Athletic Trainer or physician (MD or DO) who attends the NATA CIE Seminar and is subsequently qualified to conduct an ACI training workshop. The CIE is expected to have a minimum of three years of work experience as an athletic trainer or physician. The CIE may or may not be the Director of the Athletic Training Education Program. The CIE assists in developing, implementing, and evaluating the clinical education program at the academic institution. This includes assisting in coordinating clinical experiences in accordance with the clinical education objectives of the Program and facilitating the development of the clinical education setting(s) and the approved clinical instructors.

Synonym: Clinical education coordinator

References: Education Council FAQ Weidner TG, Laurent T. Selection and evaluation guidelines for Clinical education settings in athletic training. JAT. 2001; 36(1):62-67

Approved Clinical Instructor

An Approved Clinical Instructor (ACI) is a BOC Certified Athletic Trainer with a minimum of one year of work experience as an athletic trainer, and who has completed Approved Clinical Instructor training. BOC certified athletic trainers who wish to be an ACI (e.g., graduate assistant), but who have less than one year of clinical experience, must be supervised by a more experienced ACI. An ACI provides formal instruction and evaluation of clinical proficiencies in classroom, laboratory, and/or in clinical education experiences through direct supervision of athletic training students.

Note that other content experts (e.g., exercise physiologists, nutritionists, mental health counselors, physicians) can be used to teach and evaluate those Clinical Proficiencies that fall within the domain of their professional expertise. However, an ACI must evaluate the students' ability to integrate these skills into professional practice.

Reference: Standard IB1c(1)(a)(b), Education Council FAQ

Clinical Instructor

A clinical instructor (CI) is a BOC certified athletic trainer or other qualified health care professional with a minimum of one year of work experience in their respective academic or clinical area. Clinical instructors teach, evaluate, and supervise athletic training students in

the field experiences. A clinical instructor is not charged with the final formal evaluation of athletic training students' integration of clinical proficiencies. A clinical instructor may also be an ACI.

Reference: Standard IB1c(2)(a)(b)

Athletic Training Student

Clinical education represents the athletic training students' formal acquisition, practice, and ACI evaluation of the Entry-level Athletic Training Clinical Proficiencies through classroom, laboratory, and clinical education experiences under the direct supervision of an ACI or a clinical instructor. Formal evaluation of the application and integration of clinical proficiencies are completed by an ACI and may be in conjunction with additional clinical instructors. Related to clinical education is field experience, in which students have the opportunity to practice clinical proficiencies under the supervision of a clinical instructor. Clinical education shall occur in a minimum period of two academic years (4 semesters, 6 quarters, or 6 trimesters) and be associated with course credit. Courses shall include academic syllabi that includes measurable educational objectives and specific clinical proficiency outcomes that can be documented over time.

Synonyms: Supervised clinical practice, clinical education experience

References: Standard IIA1b, f, Education Council Guidelines for Clinical Education

Clinical Education

Clinical education represents the athletic training students' formal acquisition, practice, and ACI evaluation of the Entry-level Athletic Training Clinical Proficiencies through classroom, laboratory, and clinical education experiences under the direct supervision of an ACI or a clinical instructor. Formal evaluation of the application and integration of clinical proficiencies are completed by an ACI and may be in conjunction with additional clinical instructors. Related to clinical education is field experience, in which students have the opportunity to practice clinical proficiencies under the supervision of a clinical instructor. Clinical education shall occur in a minimum period of two academic years (4 semesters, 6 quarters, or 6 trimesters) and be associated with course credit. Courses shall include academic syllabi that includes measurable educational objectives and specific clinical proficiency outcomes that can be documented over time.

Synonyms: Supervised clinical practice, clinical education experience

References: Standard IIA1b, f, Education Council Guidelines for Clinical Education

Direct Supervision

This applies to the instruction and evaluation of the clinical proficiencies by an ACI. Constant visual and auditory interaction between the student and the ACI must be maintained. The instructor shall be physically present for proficiency instruction and evaluation.

Reference: Education Council Guidelines for Clinical Education,

Standard IIA1g

Supervision

This applies to the field experiences under the direction of a clinical instructor. Daily personal/verbal contact at the site of supervision between the athletic training student and the ACI or clinical instructor who plans, directs, advises, and evaluates the students' athletic training field experience. The instructor shall be physically present to intervene on behalf of the athlete/patient.

Clinical Education Experience

Clinical education experience provides an opportunity for integration of psychomotor, cognitive and affective skills, and clinical proficiencies within the context of direct patient care. An ACI must directly supervise formal clinical education experience. A clinical instructor or an ACI must supervise other clinical education experiences such as during the field experience.

References: Standard IIA1e, Education Council Guidelines of Clinical Education

First Responder

A first responder has additional, specialized training that qualifies an athletic training student to assist in the evaluation or recognition, stabilization, initial treatment and disposition of an individual who is injured or suddenly takes ill; these tasks are achieved using minimal equipment. First responders are trained in first aid and CPR techniques. A first responder's responsibility includes referral to appropriate medical personnel or facility. An athletic training student who is unsupervised must only function as a first responder. This may include activities such as prophylactic taping, stretching, first aid and referral of injured/ill athletes. Other athletic training functions such as return-to-play decisions, modality or rehabilitation treatments are out of the realm of a first responder.

The use of first responders is not endorsed by the NATA Education Council or the JRC-AT.

Reference: Standard IIA1g

Field Experience

Field experience provides the student with the opportunity for informal learning and to practice and apply the Entry Level Athletic Training Clinical Proficiencies in a clinical environment under the supervision of a clinical instructor or ACI. The primary settings for field experiences must include athletic training facilities, athletic practices, and competitive events. Ample opportunity should be provided for supervised student experience working with athletic practices and competitive events in both men's and women's sports. There shall be exposure to upper extremity, lower extremity, equipment intensive, and general medical experiences of both genders.

References: Standard IIA1f, Education Council Guidelines for Clinical

Education

Clinical Education and Field Experience Exposure Requirements

Upper Extremity: High-risk sport to the upper extremity based upon injury statistics. Traditionally this would include throwing sports, swimming, gymnastics, etc. that require extensive stresses of the upper extremity of both genders.

Lower Extremity: High-risk sport to the lower extremity based upon injury statistics. Traditionally this would include soccer, cross-country running, track, basketball, etc. that require extensive stresses of the lower extremity of both genders.

Equipment Intensive: High-risk sports where all participants are required to wear protective equipment for the head and the shoulders. Traditionally this would include football, ice hockey, and men's lacrosse.

General Medical: General medical experiences of both genders are those associated with physicians, physician assistants, or nurse practitioners.

Clinical Setting

A clinical setting is a clinical environment where health care services are provided. The clinical setting shall include the athletic training facility, athletic practices, and competitive events. Students must complete clinical experiences in these settings for a minimum of one of the two academic years of clinical education under the supervision of a BOC Certified Athletic Trainer. The athletic training facility is considered to be a designated physical facility located within the sponsoring institution or within an acceptable affiliated clinical setting in which comprehensive athletic health care services are provided. Comprehensive health care services include practice and game preparation, injury/illness evaluation, first aid and emergency care, follow-up care, rehabilitation, and related services. Additional clinical settings may be utilized and may include sports medicine clinics, physical therapy sites, and/or rehabilitation clinics, college or university health centers, hospital emergency rooms, physician's offices, or other appropriate health care settings. The student must be supervised by an appropriate clinical instructor in these settings.

References: Standard IIA1f, Education Council Guidelines for Clinical Education

Educational Competencies

The educational content required of entry-level athletic training programs. These competencies should be used to develop the curriculum and educational experiences of students enrolled in CAAHEP-accredited entry-level athletic training education programs.

Reference: NATA Athletic Training Educational Competencies 3rd

Edition

Clinical Proficiencies The entry-level athletic training clinical proficiencies define the common set of skills that entry-level athletic trainers should possess and redefine the structure of clinical education from a quantitative approach to an outcomes-based qualitative system.
Synonym: Entry-level Athletic Training Proficiencies, proficiencies

Reference: NATA Athletic Training Educational Competencies 3rd Edition

Learning Over Time Learning over time is the documented continuous process of skill acquisition, progression, and student reflection. Learning over time involves the demonstration of systematic progression through the cognitive, psychomotor, and affective taxonomies within different contextual environments (e.g., athletic training room, practice field). Assessment of learning over time is built around multiple indicators and sources of evidence such as observations (student affective behaviors, interviews); performance samples (clinical skill demonstration); and tests or test-like procedures.

Standards and Guidelines The Standards are the minimum standards of quality used to accredit programs that prepare individuals to enter Athletic Training. The Standards constitute the minimum requirements to which an accredited program is held accountable. The Guidelines provide examples to assist in interpreting the Standards.

Reference: 2001 Standards and Guidelines for an Accredited Educational Program for the Athletic Trainer